

MONTHLY AVERAGE HIGHEST VALUE LOWEST VALUE

**TOTAL FLOW** 

NO. OF TIMES WEEKLY OR DAILY EFFL. LIMITATIONS EXCEEDED

			A NOW AND A STATE OF THE STATE	Indiana Discharge Monitoring Report Form 30530  MONTHLY MONITORING REPORT (MMR) FOR INDUSTRIAL DISCHARGE PERMITS  Revision Pending Approval - January 2006										
Zole			FACILITY NAME AND ADDRESS:						PLEASE COMPLETE AND SUBMIT ONE COPY EACH MONTH. THIS REPORT MUST BE POSTMARKED NO LATER THAN THE 28TH OF THE FOLLOWING MONTH. Mail To: Indiana Department of Environmental Management Office of Water Quality, Mail Code 65-42 100 North Senate Avenue					
							Indianapolis, Indiana 46204-2251 Facility e-mail address:							
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

31

(0)	GNATURE OF CERTIFIED OF ERATOR)	DATE
	PHONE NUMBER	CERTIFICATION NO.

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT)

DATE

Page 1 of



## Indiana Discharge Monitoring Report Form 30530

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